

as an inpatient hospital service if furnished to a hospital or CAH inpatient.

[51 FR 41339, Nov. 14, 1986, as amended at 53 FR 6648, Mar. 2, 1988; 56 FR 8852, Mar. 1, 1991; 56 FR 23022, May 20, 1991; 58 FR 30668, May 26, 1993; 59 FR 26959, May 25, 1994; 60 FR 2329, Jan. 9, 1995]

**§ 410.61 Plan of treatment requirements for outpatient physical therapy and speech pathology services.**

(a) *Basic requirement.* Outpatient physical therapy services (including services furnished by a qualified physical therapist in independent practice), and outpatient speech pathology services must be furnished under a written plan of treatment that meets the requirements of paragraphs (b) through (e) of this section.

(b) *Establishment of the plan.* The plan is established before treatment is begun by one of the following:<sup>1</sup>

(1) A physician.

(2) A physical therapist who will furnish the physical therapy services.

(3) A speech pathologist who will furnish the speech pathology services.

(c) *Content of the plan.* The plan prescribes the type, amount, frequency, and duration of the physical therapy or speech pathology services to be furnished to the individual, and indicates the diagnosis and anticipated goals.

(d) *Changes in the plan.* Any changes in the plan—

(1) Are made in writing and signed by one of the following:

(i) The physician or the physical therapist or speech pathologist who furnishes the services.

(ii) A registered professional nurse or a staff physician, in accordance with oral orders from the physician, physical therapist, or speech pathologist who furnishes the services.

(2) The changes are incorporated in the plan immediately.

(e) *Review of the plan.* (1) The physician reviews the plan as often as the individual's condition requires, but at least every 30 days.

<sup>1</sup>Before January 1981, only a physician could establish a plan of treatment for physical therapy or speech pathology service. Speech pathologists were authorized to establish a plan effective January 1, 1981; physical therapists, effective July 18, 1984.

(2) Each review is dated and signed by the physician who performs it.

[53 FR 6638, Mar. 2, 1988; 53 FR 12945, Apr. 20, 1988, as amended at 54 FR 38680, Sept. 20, 1989; 54 FR 46614, Nov. 6, 1989, Redesignated at 56 FR 8854, Mar. 1, 1991; 56 FR 23022, May 20, 1991]

**§ 410.62 Outpatient speech pathology services: Conditions and exclusions.**

(a) *Basic rule.* Medicare Part B pays for outpatient speech pathology services if they meet the following conditions:

(1) They are furnished to a beneficiary while he or she is under the care of a physician who is a doctor of medicine or osteopathy.

(2) They are furnished under a written plan of treatment that—

(i) Is established by a physician or, effective January 1, 1982, by either a physician or the speech pathologist who will provide the services to the particular individual;

(ii) Is periodically reviewed by a physician; and

(iii) Meets the requirements of § 410.63.

(3) They are furnished by a provider or by others under arrangements with, and under the supervision of, a provider.

(b) *Outpatient speech pathology services to certain inpatients of a hospital, CAH, or SNF.* Medicare Part B pays for outpatient speech pathology services furnished to an inpatient of a hospital, CAH, or SNF who requires them but has exhausted or is otherwise ineligible for benefit days under Medicare Part A.

(c) *Excluded services.* No service is included as an outpatient speech pathology service if it would not be included as an inpatient hospital service if furnished to a hospital or CAH inpatient.

[51 FR 41339, Nov. 14, 1986, as amended at 53 FR 6648, Mar. 2, 1988; 56 FR 8852, Mar. 1, 1991; 56 FR 23022, May 20, 1991; 58 FR 30668, May 26, 1993]

**§ 410.63 Hepatitis B vaccine and blood clotting factors: Conditions.**

Notwithstanding the exclusion from coverage of vaccines (see § 405.310 of this chapter) and self-administered drugs (see § 410.29), the following services are included as medical and other